

Bureau of Medicine and Surgery

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The Blueprint of Navy Nursing



T H E B L U E P R I N T O F
N A V Y N U R S I N G :

D E F I N I T I O N , M I S S I O N ,
P H I L O S O P H Y A N D
D I S T I N G U I S H I N G
C H A R A C T E R I S T I C S

FIRST EDITION

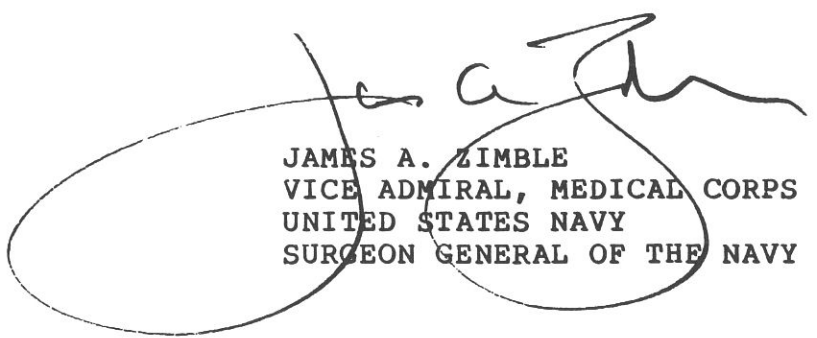
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FORWARD

THIS BLUEPRINT OF NAVY NURSING IS THE DIRECT RESULT OF THE EFFORTS OF MANY NURSE CORPS OFFICERS WHO CONTRIBUTED SIGNIFICANT CLINICAL AND PROFESSIONAL KNOWLEDGE TO DESIGN A PRACTICE MODEL FOR NAVY NURSING. THIS PROJECT WAS CONCEPTUALIZED BY THE DIRECTOR OF THE NURSE CORPS AND BECAME A REALITY THROUGH HER DYNAMIC LEADERSHIP AND GUIDANCE.

THIS DOCUMENT ENCOMPASSES MY PHILOSOPHY, WHICH IS FOUNDED IN THE GUIDING PRINCIPLES OF NAVY MEDICINE, AND FULLY SUPPORTS THE MISSION OF THE MEDICAL DEPARTMENT. THIS MODEL WILL PROVIDE A SOLID FRAMEWORK FOR NAVY NURSING LONG INTO THE FUTURE.



JAMES A. ZIMBLE
VICE ADMIRAL, MEDICAL CORPS
UNITED STATES NAVY
SURGEON GENERAL OF THE NAVY

Navy Medical Department

Guiding Principles

WE ARE the Medical Department of the United States Navy.

WE EXIST to ensure the best physical and mental health of the men and women of the United States Navy and Marine Corps.

WE WILL

Support the combat readiness of the Navy and Marine Corps.

Care for all persons as unique human beings worthy of our courtesy, compassion and respect.

Earn the trust and confidence of our patients by enthusiastically providing prompt access to quality health care.

Attend to the medical needs of the families of our active duty members, our retirees and their families, whenever we are able, for just as the family supports the force, so must we support the family.

Teach, for it is through education that we build the foundation for our future.

Continuously Improve in all aspects of our enterprise.

WE CARE for each other just as we care for our patients. This is the basis of the teamwork and trust that must exist for us to succeed.

WE ARE STANDING BY AND ARE ALWAYS READY TO ASSIST.

ACKNOWLEDGEMENTS

THE FIRST EDITION OF THE BLUEPRINT OF NAVY NURSING WAS PREPARED WITH GREAT CARE AND THOUGHT. IT INCORPORATES THE ACTIONS OF NAVY NURSES WORLD-WIDE, ITERATES MY PHILOSOPHY OF NAVY NURSING, AND HAS MY WHOLE HEARTED ENDORSEMENT. THIS MODEL SUPPORTS THE SURGEON GENERAL'S PRINCIPLES OF NAVY MEDICINE AS WELL AS THE MISSION OF THE MEDICAL DEPARTMENT.

SPECIAL RECOGNITION MUST BE GIVEN TO LIEUTENANT COMMANDER CARLOS A. TORRES, NC, USN WHO DEVOTED AN ENORMOUS AMOUNT OF TIME AND ENERGY AS THE PROJECT COORDINATOR AND PRINCIPAL WRITER. APPRECIATION IS ALSO EXTENDED TO THE COMMITTEE MEMBERS:

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I N T R O D U C T I O N

Since the inception of the Navy Nurse Corps, Navy nurses have had to understand and incorporate the philosophies, concepts and principles of two distinct disciplines into a professional practice. Navy nurses have successfully melded the concepts and philosophies of professional nursing with the duties and requirements of a Naval officer. This integration of roles is the basis of the challenges, excitement, and rewards of being a Nurse Corps officer.

Navy nurses share many commonalities with their civilian counterparts including the same educational preparation. Patient care procedures, clinical specialization, documentation requirements, standards of practice, and staff development initiatives form a solid bond between civilian and Navy nurses. There are, nonetheless, numerous differences related directly to the mission of the Navy Department and the requirement to provide for the health care needs of its members.

What is the philosophy of the Navy Nurse Corps? What is the mission? What makes Navy nurses different from their colleagues in the civilian world? What is unique about Navy nursing? The purpose of this document is to answer these questions.

The mission and philosophy of the Navy Nurse Corps are described in the context of the Navy health care system and its nursing-related components. Specifically this document is designed to discuss those characteristics which distinguish Navy nursing practice from the practice of nursing in the civilian sector: dual role, operational readiness commitment, education and training of para-professionals and adaptability/flexibility. The degree of adaptability and flexibility is presented in the context of the three preceding characteristics.

This document is intended for all Navy nurses and for those interested in Navy nursing. Recruiters may find it useful as they explain Navy nursing to prospective officers. Division officers and department heads may find it helpful as they assist in the career development of junior officers. Administrators may want to use it to define or revise a philosophy of care. Educators may incorporate it into orientation programs or use it as a springboard for other programs or classes. Other health care professionals and others interested in nursing, are encouraged to read it to more fully understand the very unique and special environment of Navy Nursing.

A BRIEF HISTORY

Nurses contributed to the care of the ill and wounded in the Naval Forces long before the establishment of the corps. During the Civil War, Catholic nuns, the forerunners of the Navy Nurse Corps, served voluntarily aboard the Red Rover, a confiscated Confederate river steamer commissioned by the Navy as its first hospital ship. In 1898, a group of nurses were employed at the Naval Hospital, Norfolk, Virginia to care for the sick and wounded of the Spanish-American War. Nurses were hired on a contract basis, during periods of critical need at various naval facilities. Finally, after years of effort, the bill to establish the Navy Nurse Corps was approved by Congress and became law on 13 May 1908. By October 1908, the first 20 nurses, later called the "Sacred Twenty," reported to the Naval Medical School Hospital in Washington, DC.

Since then, active duty and reserve Navy nurses have advanced steadily in military and professional standing. From that original 20, the number of nurses exceeded 11,000 by the end of World War II. Nurse Corps officers have served world-wide: flying with the wounded from battle areas; working with the fleet on large hospital ships; setting up native nursing schools, clinics, and small hospitals in remote areas of the world; and practicing, teaching, and supervising in medical treatment facilities of all sizes.

Today, Nurse Corps officers serve in the grades of ensign through rear admiral. Navy nurses care for many patients whose illnesses or injuries are no different from those found in civilian facilities. They also care for those with battle injuries or conditions resulting from chemical/ biological warfare or parasite-infested environments. Navy nurses teach and supervise personnel who have had no previous experience caring for the ill. They function in positions ranging from staff nurse to manager of a small nursing unit/division in hospitals or clinics. Navy Nurses are also primary health care providers (e.g. nurse practitioners and nurse anesthetists).

The Navy provides unique challenges and assignments in a variety of settings ranging from the relatively basic fleet hospitals to sophisticated teaching hospitals; from recruiting assignments to the Surgeon General's staff; and from nursing administrative positions to medical department executive management positions.

In the Navy, nurses find unique opportunities to exercise their special knowledge, abilities and skills. These avenues for service, challenge, and professional growth attract nurses of particular dedication, enthusiasm and imagination.

D E F I N I T I O N S

Throughout this document terms are used which have specific meanings relating to Navy healthcare or to the Navy Nurse Corps. These definitions are presented to assist the reader in understanding the cornerstones that support the mission and philosophy of Navy nursing.

-- HEALTH CARE BENEFICIARY - An active duty service member, dependent of active duty personnel, member retired from active duty, dependent of retired service member, and those designated by the Secretary of the Navy who are eligible for health care provided by the Department of Defense or Department of the Navy.

-- CIRCLE OF CARE - The primary component of the Navy health care delivery system which consists of the health care beneficiary at the core, encircled by health care providers delivering services which enhance and promote health.

-- CONTINUUM OF CARE - The health care delivery system in which health care is provided to eligible health care beneficiaries. It ranges from self care provided by the active duty member in the battlefield to health care at the largest, most sophisticated Navy tertiary care facilities.

-- ECHELONS - Administrative levels of health care delivery service.

-- MEDICAL OPERATIONAL READINESS -The state of preparedness which permits the delivery of skilled health care to beneficiaries in all environments along the continuum of care.

-- COMMISSIONED NAVAL OFFICER - An individual appointed by the President of the United States: "reposing special trust and confidence in the member's patriotism, valor, fidelity and abilities".

M I S S I O N

The mission of the Navy Nurse Corps is twofold. First Nurse Corps officers provide professional nursing services to active duty personnel and all other beneficiaries as authorized by law. These services are delivered in a variety of settings along the continuum of care ranging from a battalion aid station to a tertiary care facility.

Secondly, Nurse Corps officers provide basic and advanced instruction and supervision for hospital corpsmen in the practice of nursing.

This premise forms the foundation on which Navy Nurses build throughout their careers. Expanded clinical practice and military leadership roles are based on this twofold mission. Expanded clinical roles include the nurse practitioner, clinical specialist, education or quality assurance coordinator, Department Head, Director of Nursing Services, senior executive and staff positions, and many others.

P H I L O S O P H Y

As naval officers whose principle expertise lies in the profession of nursing, Navy nurses function/practice in collaboration with other members of the health care team. Navy nurses use the physical, social and behavioral sciences and the nursing process to identify and intervene in the state of health of the beneficiary. The Navy Nurse employs independent, dependent, and interdependent decision making processes to facilitate the highest possible level of wellness for those receiving nursing care.

Navy nurses deliver health care services in conjunction with other health care providers. This team approach is defined as the circle of care. The circle of care is composed of health care personnel functioning anywhere along the continuum of care. The traditional circle of care is primarily composed of the physician, nurse, allied health service personnel, and hospital corpsman. The beneficiary is at the core of the circle and it is his/her needs that drive the provision of health care. Permeating the entire circle is a strong feeling and sense of caring. Caring is central to the practice of nursing in any setting.

Each health care team member possesses a special set of skills that, when combined with other personnels' skills, provide multiple paths to wellness for the health care beneficiary. On the battle field or on a ship, the sole caregiver may be the corpsman, while in a large medical facility's operating room or intensive care unit, the circle may include a dozen or more personnel. Teamwork is the hallmark of the process. Nurse Corps officers' collaborative energies greatly enhance the delivery of health care.

Each health care beneficiary is entitled to nursing care that is based on current standards of practice. The nursing practice standards for military health care are the same, or higher, as standards of practice in a civilian facility. It is important to note that expeditious movement of injured service members from hostile environments along the continuum of care requires a high degree of mobility. Therefore, the standards of practice to accommodate the setting at the mobile end of the continuum are modified to reflect the availability of personnel, materiel resources, and overall capability.

Nursing administration and the application of state-of-the-art management practices are essential to achieving quality nursing care along the continuum and in the various health care settings found in the United States Navy. An environment of inquiry and challenge is vital to the professional growth of personnel and quality of nursing services. Continuing education and nursing research are integral aspects of optimal nursing practice. Extended and expanded nursing roles enrich Navy health care and enhance its ability to provide quality nursing services to all beneficiaries regardless of setting.

DISTINGUISHING CHARACTERISTIC # 1
DUAL ROLE: NAVAL OFFICER/PROFESSIONAL NURSE

The roles and responsibilities of Navy nurses go beyond those usually associated with nursing. Navy nurses are naval officers commissioned in a staff corps consisting of professional nurses. As such, members are charged with fulfilling professional nursing responsibilities as well as the military expectations of the grade in which they serve.

This duality of roles requires Nurse Corps officers to understand and implement established military requirements and to integrate these requirements into the practice of nursing. This practice, in and of itself, is not so much changed as it is infused with military discipline, courtesies and traditions.

All Nurse Corps officers come to the Navy from a homogeneous setting of professional education, the common body of knowledge which supports the nursing profession. Because of the Navy's all volunteer status, the Nurse Corps officer, like all other members of the military, has made a conscious decision to affiliate with the organization. Once accepted and commissioned, the officer relies upon the Navy organization to initiate the socialization process. This begins at Officer Indoctrination School, the basic orientation to the Naval Service which all new Nurse Corps officers must attend.

The naval officer role carries with it significant leadership responsibilities. The Nurse Corps officer must absorb and internalize the skills, customs, and standards of conduct presented during the orientation phase and begin to mesh these concepts with the nursing knowledge and leadership potential that he or she already possess. However, potential dichotomy in the philosophy of the military structure and the nursing profession create a challenge to integration of these dual roles. The military service requires a high degree of conformity, standardization, regimentation and wartime readiness. The practice of nursing requires individuality, self-accountability and professional responses to health care dilemmas.

With the integration of the naval officer and professional nurse roles comes expanded responsibilities and expectations. This combined role also accrues many benefits and does lead to a rewarding and successful professional career. The added officer role allows for strong collegial partnerships and provides for active participation in decision-making at all levels.

The Navy Nurse must instruct new nurses and hospital corpsmen in providing quality patient care in peacetime as well as wartime. Maintaining professional nursing competencies and a sound knowledge of military operations are essential in developing staff to provide health care in emergent or wartime situations.

The Navy Nurse must be a role model and mentor for other nurses, as well as hospital corpsmen. From basic unit orientation to career guidance and counseling, the Navy Nurse must always be aware of the professional and personal "needs" of the junior staff.

A successful Navy Nurse is flexible and adaptable, always ready to assume the role of health care provider, teacher, administrator, or any other duties the Navy Medical Department and Nurse Corps deem necessary. Expertise in any one of these areas can lead to a specialized career pathway. The Navy has a vast system of sub-speciality codes and professional identifiers which accrue to qualified officers. As an identified expert in a given field, a Navy Nurse can expect frequent specialty utilization assignment. However, the Nurse Corps also encourages nurses to maintain broad-based skills so they can excel in varied situations.

DISTINGUISHING CHARACTERISTIC # 2 OPERATIONAL READINESS COMMITMENT

The primary mission of the Navy Medical Department is to provide for health care needs of Navy and Marine Corps personnel and other authorized by law. To this end, professional nursing duties as a naval officer include: (1) delivering professional nursing care, (2) instructing hospital corpsmen in patient care delivery, (3) preparing for casualty care requirements, and (4) adapting to different health care delivery environments. These fundamental requirements are the cornerstones of Navy nursing's commitment to readiness and a significant extension of the responsibilities of nursing not found in non-military settings. Readiness requires long hours of work by skilled men and women learning and adapting their profession in various settings. Readiness is a commitment to provide responsible, effective health interventions throughout the continuum of care.

THE CONTINUUM OF CARE

The military health care environment changes along the continuum. All health care providers must render prompt, effective care to combat forces, as well as promote and maintain the health status of eligible beneficiaries in peacetime. Peacetime events may include natural disasters, civil disturbances, and (casualty) trauma situations.

Navy health care services are provided in a variety of settings throughout the world. These include, but are not limited to: (1) tertiary care facilities in metropolitan areas; (2) community hospitals; (3) outpatient medical and dental facilities; (4) overseas medical treatment facilities; (5) geographically isolated locations; (6) ship board facilities; and (7) Marine Corps units. A complex system, utilizing the skills of a variety of health care providers, has evolved to meet all these requirements. Provision of care occurs along a continuum that ranges from a basic system involving one or two health care providers to a highly sophisticated, sea or land-based care delivery system involving many providers.

The continuum of care is illustrated in Figure 1. It describes the varying levels of care provided at different points in the system. Depictions include:

ECHELONS IN THE
CONTINUUM

TYPES OF HEALTH CARE SERVICE

SELF CARE

A marine or sailor maintaining their own health status, providing for greater wellness through informed prevention and self care techniques, and identifying care needs when injured.

BUDDY AID

A marine or sailor providing "on the spot" first aid to a comrade.

HOSPITAL
CORPSMAN IN
THE FIELD

Trained, experienced health care giver providing basic and advanced aid at the scene of the injury.

BATTALION
AID STATION

A highly transportable emergency unit that is positioned near the forward edge of battle to receive casualties from the field. This is a unit, composed primarily of physicians and hospital corpsmen, where fluid therapy and advanced emergency care can be provided. Serves as a staging area before transporting casualties to a medical company or hospital company for surgical interventions and other definitive care away from the battle zone.

MEDICAL OR HOSPITAL
COMPANY, HOSPITAL
SHIP & FLEET
HOSPITAL

Larger, less mobile, but strategically locatable hospitals which receive patients from the battalion aid station and provide extensive surgical and medical care. Hospital ship and fleet hospital facilities also have the ability for diagnostic testing and complex monitoring. They are located well away from the combat area. Additionally they provide convalescent facilities for the less seriously injured who do not require evacuation.

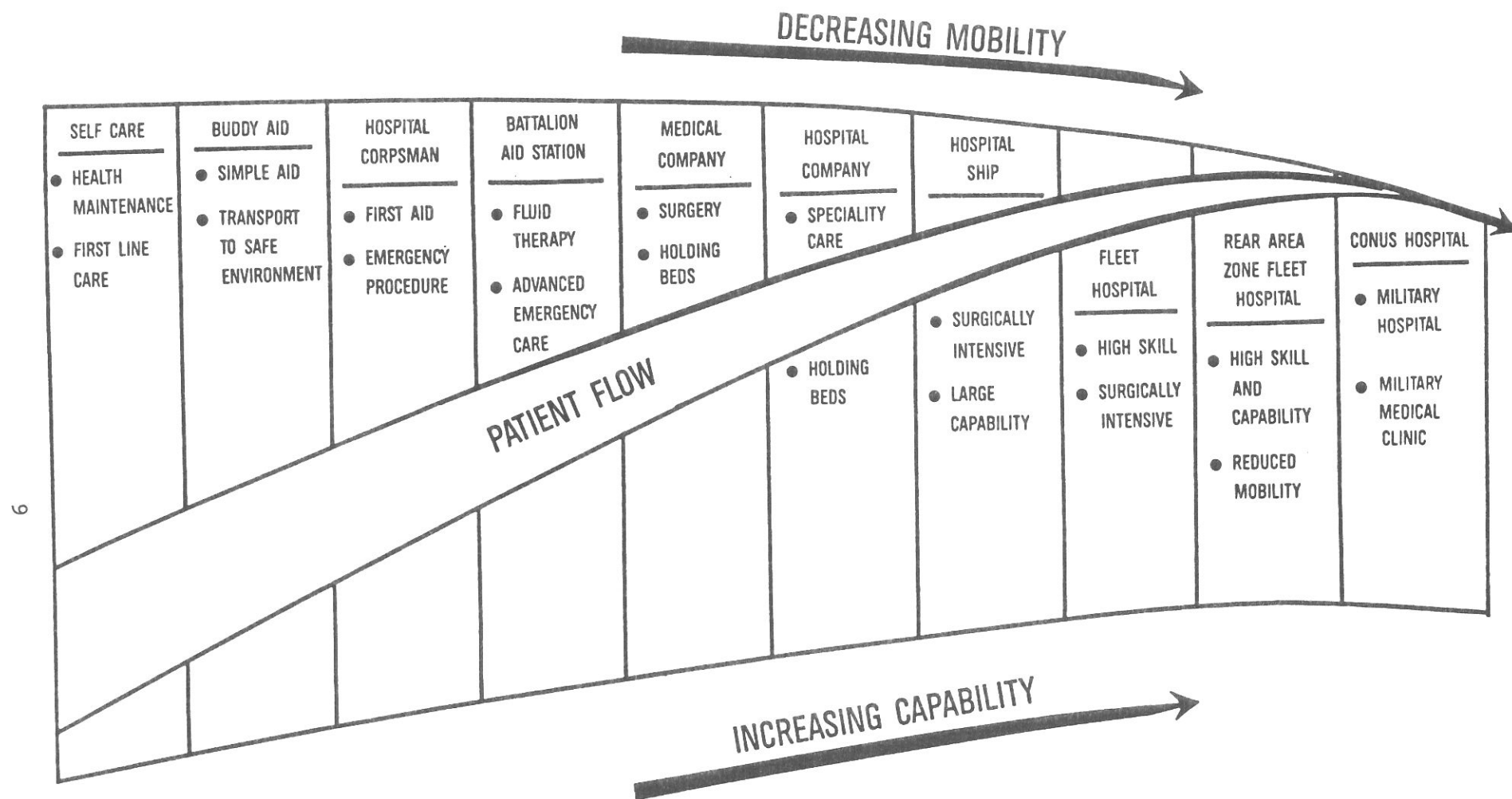


FIGURE 1 CONTINUUM OF CARE

FIXED MEDICAL
TREATMENT FACILITIES

Facilities located overseas and
stateside, providing referral
inpatient and outpatient services
with state-of-the-art diagnostic and
therapeutic and rehabilitative care.

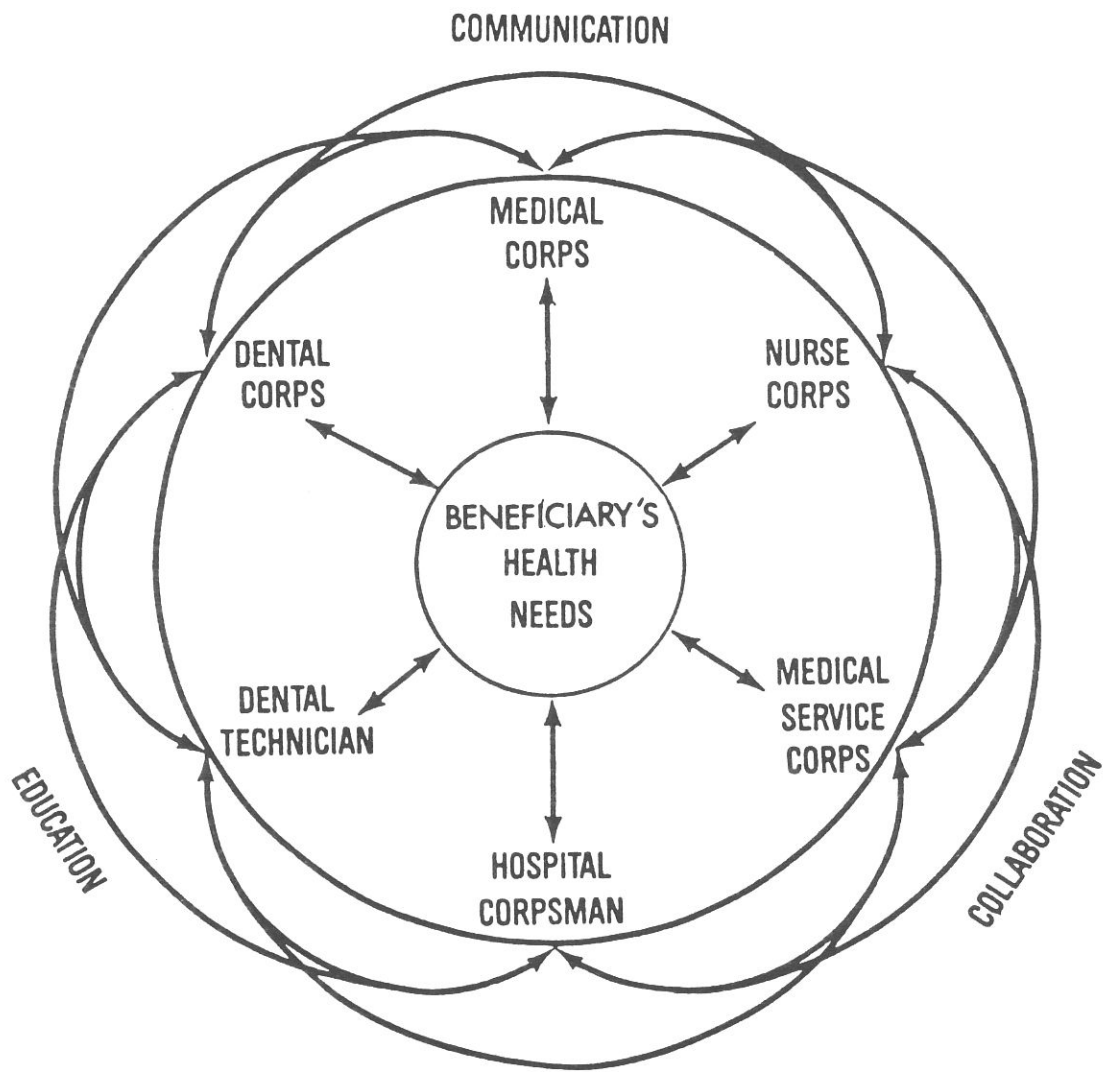
THE CIRCLE OF CARE

Nurse Corps officers deliver nursing care in conjunction with other health care providers. The circle of care (Figure 2) illustrates the linkages between the various health care providers in the context of the Navy health care delivery system.

Inherent in this diagram is the concept that the practice of nursing and the practice of medicine are interdependent with each other and other health services. The core of the circle of care is the beneficiary with their health needs. These needs drive engagement of the various health services providers. The circle of care can be comprised of one person or many people depending on the circumstances. Health service providers, both clinical and administrative, enter and exit the circle depending on: (1) the beneficiary's health needs, (2) the setting in which the need occurs and (3) the availability of resources.

The lines connecting the various members in the circle of care represent interactions between the members for collaborative practice and education. Communication between the beneficiary and members of the circle of care is necessary to share information. This communication links the elements in the circle of care. As is illustrated by Figure 2, these exchanges form a complex pattern which becomes more complex as circle membership increases.

Collaborative practice also links members and is based on the assumption that all disciplines have unique contributions which help the beneficiary gain or maintain an optimal health status. Here the beneficiary is the focus, collaborating with each member of the team. These members contribute their unique skills and knowledge to assist the beneficiary in reaching health goals.



CIRCLE OF CARE

Rather than a traditional, nominative leader, any member may take the lead based on the health needs of the beneficiary, setting and availability of members. Obviously, this collaborative effort relies on continuous communication that assures health problems are identified and addressed by the most qualified provider available.

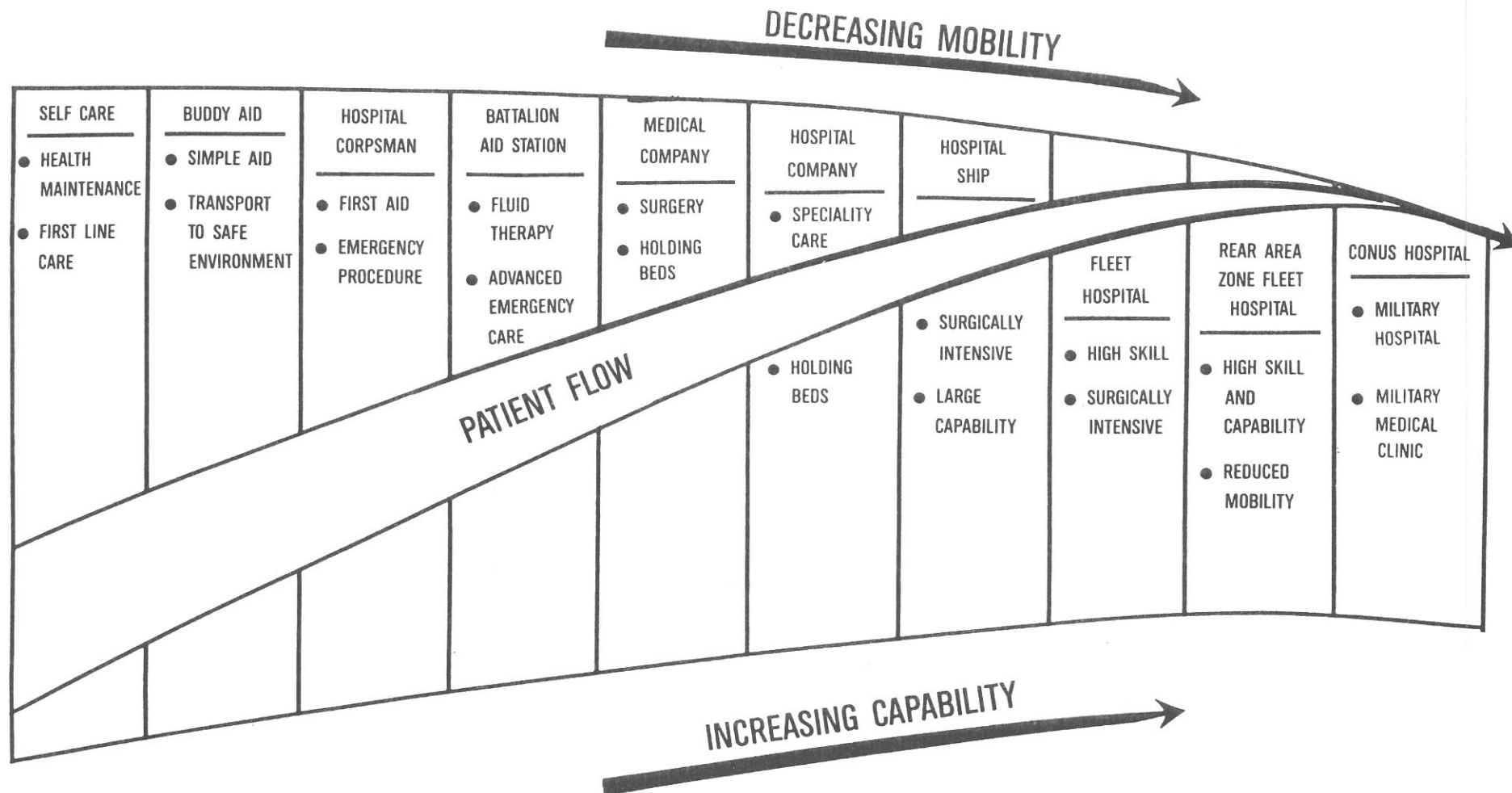
Similarly, education is also an essential link in the circle. All Navy health care team providers are responsible for teaching health maintenance and assessment to beneficiaries. Providers also educate the other circle members. Each must understand the discipline of the other to engage their services effectively in the beneficiary's behalf. In times of combat it is possible that one member may substitute for another. Education and cross-training expand capabilities in emergency situations and knit individuals closer together in peacetime.

Communication, collaboration, and education with the beneficiary, and among health care providers, creates an environment that promotes professional growth and results in comprehensive, cost-effective, beneficiary-centered health care.

A strong sense of caring is central to this circle concept. Caring for the patient and for each other creates an environment that fosters excellence in identifying and meeting patient needs. Caring means that persons, events and things matter to people. The advantages of a conjoined group, a cohesive circle of care, focused on patient needs are clear in operational settings. In large facilities with their huge staffs, extremely rapid operational pace and diversified complex systems, the efforts to use collaborative measures to institutionalize teamwork and the circle of care may need to be more intense. The well-developed dependent, independent and interdependent roles that are identified in the Navy health care system enhance the circle of care concept.

THE CIRCLE OF CARE COMPLEMENTS THE CONTINUUM OF CARE

In Figure 3 the circle of care is placed under the continuum of care to illustrate how both diagrams interact and complement, one another. At the most resource limited echelon of the continuum of care (Figure 3A) health services are provided by hospital corpsmen. At this echelon both medical and nursing care are provided by hospital corpsmen. The importance of educating hospital corpsmen is underscored by the fact that these individuals provide medical and nursing care in the absence of physicians and nurses. The quality of care they deliver is based on the training they receive both in Hospital Corps School, advanced training schools, and while assigned to hospital patient care units.



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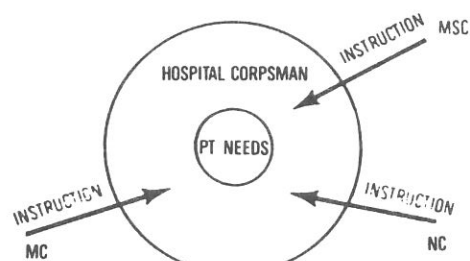


FIGURE 3 A

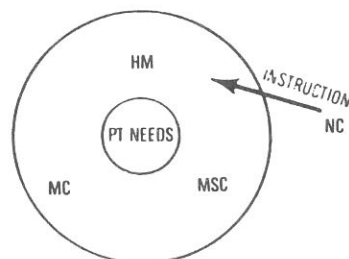


FIGURE 3 B



FIGURE 3 C

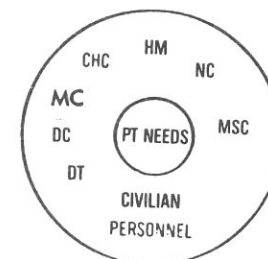


FIGURE 3 D

FIGURE 3 CIRCLE OF CARE COMPLEMENTS THE CONTINUUM OF CARE

As the patient moves along the continuum of care more health care providers are included in the circle of care (Figure 3B). At the hospital level (Figure 3C) the hospital corpsmen and the Medical Corps officers are joined by Nurse Corps officers and others. At a medical treatment facility (Figure 3D) civilian and Navy personnel work jointly to provide for the health needs of large numbers of eligible beneficiaries.

Nurse Corps officers' contributions to the circle of care are both direct and indirect. As a care provider, nurses establish a supportive relationship with the patient and co-designs, with them, a plan of nursing care that directly addresses individual health needs. Additionally, Nurse Corps officers administer treatments ordered by other Medical department providers. As a patient advocate, nurses consolidate and coordinate the efforts of many health care providers. Nurse Corps officers are uniquely able to provide linkages which keep the circle of care intact and on target through a strong background in the social sciences.

The continuum of care (from self-care to a highly complex tertiary care facility) along with the circle of care requires significant input from Navy Nurses. The Navy Medical Department's mission of providing health care support to the active duty sailor and marine, wherever they may be, demands Navy Nurses maintain operational readiness as well as nursing practice competencies.

DISTINGUISHING CHARACTERISTIC # 3 COMMITMENT TO EDUCATION & TRAINING

In addition to the unique responsibilities associated with the dual role and operational readiness commitment, Navy nursing has another distinctive feature--instruction and education of hospital corpsmen. Although all nurses incorporate training and education into their professional role--whether it be instructing new staff or educating patients and family members -- Navy nursing places an even greater emphasis on these functions.

Along with precepting new nurses and teaching patients, the Navy nurse also has a primary responsibility for the education and development of hospital corpsmen. Quality patient care and the training and education of hospital corpsmen are the main objectives of the Navy Nurse Corps. Central to the understanding of Navy nursing is a clear comprehension of this most fundamental tenet.

A significant portion of the care delivered to beneficiaries in the Navy health care system is provided by hospital corpsmen. In the hospital, they provide nursing care on busy general care units, in special care units, and assist in clinic management. Corpsmen serve as operating room technicians; run blood donor programs; staff dialysis units; serve as emergency medical technicians (EMT); serve as technicians and coordinate activities in laboratory, radiology, and pharmacy; and are assigned to support service departments. In the hospital setting, although the hospital corpsmen are given a phenomenal amount of responsibility, they are supervised by nurses, physicians, ancillary support officers and senior enlisted staff.

Outside the hospital setting, hospital corpsmen serve in many assignments which require increasing degrees of independence. On aircraft carriers, hospital corpsmen attend to the multiple medical and nursing care needs of 5,000 to 10,000 men. They serve in an independent duty status on submarines and small ships where they are the primary care provider for crews of 50-450 personnel. On search and rescue missions, a corpsman may be the first to reach a seriously ill or wounded sailor or marine. They are also assigned on flight lines and on field operations with marines, where they are the first responders in an emergency.

Despite the diversity in the roles and responsibilities of the Navy's hospital corpsmen, the common denominator they all share is their Hospital Corps School training and supervised patient care. The initial patient care education and training of hospital corpsmen serves as the foundation for advanced education. Hospital Corps School is an intensive program predominantly taught by Nurse Corps officers. In a rapid paced curriculum, corpsmen are taught the basics of nursing care, pharmacology and emergency medical procedures. Upon graduation they go to hospital patient care units where, under the tutelage of nurses and other staff their training and development continues. Nurses assist these young, inexperienced individuals through intense, on-the-job training aimed at making them knowledgeable, contributing members of the health care team. This endeavor takes effort and dedication on the part of the Nurse Corps officer and the hospital corpsman.

Advanced training in specialty areas is also conducted by nurses. The school preparing hospital corpsmen to be operating room technicians is taught by nurses. Combat casualty care and emergency medical technicians training has significant input from nurses as well as physicians and allied science officers. As hospital corpsmen emerge from these advanced schools, their continued supervision, orientation and adjustment to their new environment is often facilitated by nurses. There are extremely few assignments in Navy nursing where there is not some interaction, supervision, training or education of hospital corpsmen. It is a pervasive and all-important aspect of Navy nursing.

DISTINGUISHING CHARACTERISTIC # 4 ADAPTABILITY & FLEXIBILITY

Adaptability and flexibility are essential to all nurses as they meet various staffing demands, the multiple needs of patients and their families, and numerous and varied health care emergencies in any setting. The three distinguishing factors regarding Navy nursing presented herein--dual role, operational commitment and the training and education of hospital corpsmen--require even greater measures of adaptability and flexibility than nursing in other environments.

Navy personnel and their families are stationed in states and countries all over the world. As a part of the Navy system, Nurse Corps officers serve wherever there are large Navy communities. Based on location, Navy medical treatment facilities vary greatly in the types of care they offer and the population they serve. Each assignment provides different levels of professional stimulation, organizational challenge and independence. The geographic, and sometimes cultural, variances from one station to the next require rapid adjustment. The area may be overpopulated or generally isolated. Modern conveniences may be lacking and the language and customs unfamiliar. Creativity, self-confidence and enormous measures of adaptability and flexibility are required when leaving a familiar environment of friends and professional colleagues to assume a new assignment where they quickly establish new friendships, and collegial relationships.

Traditionally, Navy personnel are transferred every three to six years. The Navy nurse's average tour length is three years with some longer and some shorter, depending on facility size and location. The need to remain flexible and adapt to changing circumstances is apparent. Different skills may need to be emphasized to meet the patient care needs in an overseas facility, where for example, there may be more ambulatory care or general surgery than critical care nursing requirements.

DUAL ROLE

The military role carries with it additional responsibilities which require adapting to expanded professional concerns. As a Naval officer, one may sit on local and regional committees or boards that affect the military environment through policy changes or personnel recommendations. The resulting decisions may influence policy beyond the treatment facility and affect the quality of life of the host command and its beneficiary population.

Both professional and social functions demand the officer's personal commitment. Attendance at Navy-specified training is, at times, mandatory. Physical readiness requirements must be met and specific uniform and grooming standards are followed. Additionally, there is a code of conduct to which all Naval personnel adhere.

As nurses assume the role of naval officers, they must meld these new expectations into their professional nursing functions. As they adapt to new role expectations, they must also be flexible in adjusting to many new places, situations, and people.

OPERATIONAL READINESS

Operational readiness requires substantial adaptability and flexibility from all military members. The commitment to readiness means health care providers are always prepared to deploy, wherever and whenever needed, to provide medical support to the operational forces. Because of this crisis-driven need for rapid deployment assets, one can move from a large operating room in the San Francisco Bay area to a small ship-board operating room in the Indian Ocean in only a few days. Others may move from large, state-of-the-art clinics in teaching hospitals to a small fleet hospital. Not only will the supplies and the surroundings be different but the staff and patient population will be equally unfamiliar.

Training for the rapid deployment medical teams and mobile medical augmentation response teams takes place in all parts of the world. Training exercises require the same adjustments and adaptability as an actual deployment. The shift from the "regular routine" of a job in a structured facility to a relatively unstructured situation in a new environment requires flexibility and adaptability in ever abundant quantities. Training for mobilization is recognized and accepted as an essential role for all military personnel.

TRAINING AND EDUCATION

The training and education of hospital corpsmen also requires adaptability and flexibility beyond the expectation of most non-military organizations. The role of hospital corpsmen is unique to the Navy. What these individuals can and cannot do, how much supervision they need and how much professional discipline they require as they progress from novice to independent caregiver is a consistent variable. Navy Nurses must adapt their philosophy to include not only the care of patients, but also the training and education of hospital corpsmen as nurse-extendors. As newly commissioned members of the Navy Medical Department, Nurse Corps officers must realign their professional nursing concepts to include the enormous requirements and contributions of hospital corpsmen.

A hallmark of Navy Nurses is their ability to effectively lead both military and civilian personnel of many different technical and professional levels to deliver quality care. They are especially adept at matching the skills of the provider to meeting the needs of the beneficiary.

The Navy nurse uses leadership, communication and interpersonal skills to transform novices into effective patient care team members. Providing a conducive milieu for personal and professional development, the nurse guides the staff in the application of newly acquired knowledge.

The need for exceptional adaptability and flexibility, along with the Navy Nurse's dual role, operational requirements, and commitment to education and training of paraprofessionals are the distinguishing traits of Navy Nurses. These traits are readily apparent as the Navy nurse moves from place to place; changes jobs as the needs of the Navy dictate; leaves home for a fleet hospital, hospital ship or front line medical facility; and constantly trains new and different personnel.

SUMMARY

The Navy Nurse Corps is an organization of professional nurses who share a historical camaraderie of caring for others under ordinary, extraordinary, and often unique circumstances. Educated in the profession of nursing, the members of the corps have voluntarily assumed an additional role as officers in the United States Navy. This requires the successful integration of compassion with discipline, individuality with conformity, and wellness promotion with wartime readiness.

The Nurse Corps officer is a collaborative participant in the circle of care. Whether a staff nurse, a clinical specialist, nurse practitioner, nurse anesthetist, perioperative or ambulatory care nurse, inpatient division officer or facility administrator, a wealth of nursing expertise is freely shared to accomplish the mission of the Medical Department.

The mission and philosophy described in this document represent the Nurse Corps and its many contributions to the Department of the Navy. Prepared for operational commitments through continuing education, varied and progressive assignments, broad-based teaching duties and field training exercises, Navy Nurses stand ready to serve wherever and whenever needed. The distinguishing characteristics are those essential to a successful career as a commissioned Nurse Corps officer. Developing these special skills and using them to meet the demands of the Navy health care delivery system is what makes Navy nursing so exciting, challenging, and rewarding.

G L O S S A R Y

The glossary is provided to assist the non-nurse reader in better understanding professional nursing practice. The information presented is well-rooted in nursing literature. Although the articulation of this information may vary among nursing authors, the explanatory statements are somewhat generic to all who practice nursing. This is by no means all inclusive.

DEFINITION OF NURSING Nursing is the evaluation, diagnosis, and treatment of human response to actual health problems through the use of the nursing process.

THE NURSING PROCESS Professional nurses are clinically competent practitioners who use the nursing process as the basis of their practice. Since the nursing process is the essence and tool (methodology) of professional nursing practice, nurses become familiar with and adept at its use. In order to use the nursing process effectively, nurses apply appropriate concepts and theories from nursing, the biological, physical, and behavioral sciences, and the humanities, in order to provide a rationale for decision making, judgments, interpersonal relationships, and actions. These concepts and theories provide the framework for nursing care.

The nursing process is a series of inter-related steps that build on one another and guide the nurse in determining appropriate actions in patient care situations. It is a process of developing and implementing a plan of nursing actions to attain mutually set patient health related goals. Those steps include:

- data collecting through assessment and information gathering,
- identifying health care issues, the labeling of identified phenomena,
- setting health care goals,
- planning and implementing nursing actions and interventions (include carrying out orders of credentialed health care providers),
- evaluating the attainment of the set goals, and
- continuing reassessment of the entire nursing process.

DIMENSIONAL COMPONENTS OF THE HEALTH CARE RECIPIENT Nurses draw on the biological and sociological sciences in assessing, planning and implementing an action plan. Each patient is composed of four distinct but integrated dimensional components. These components include the physiological, psychological, sociological, and spiritual spheres.

1. The physiological dimension includes all those biological processes that help promote, maintain, and sustain the human organism. Consumption, exchange, process, synthesis and excretion/secretion are biologically predictable and necessary for the human organism to be sustained.
2. The psychological dimension is the dimension in which the individual synthesizes external and, at times, internal stimuli. This component is largely responsible for governing behavior. Major influences on this component are the individual's developmental level, IQ, and socio-cultural experiences.
3. The socio-cultural dimension encompasses an individual's exposure to his external environment inclusive of (but not limited to) family, friends, acquaintances, society and the world at large. The exposure to the world around us allows us opportunities to gather more data that either dispels, solidifies, or permits us to formulate new concepts that aid in explaining our environment. For example, varying degrees of experience with war, hatred, suffering, loss, acceptance, esprit de corps, joy etc. will affect a person's conceptualization of each of these worlds. The intensity of an experience may heighten the impact it will leave on an individual. Biological and psychological developmental levels act as filters for the external stimuli, allowing different individuals to experience similar situations with varying conceptual outcomes.
4. The spiritual dimension is acknowledged by most (but not by all) beneficiaries. In those who acknowledge this dimension, it is the resultant beliefs of the integration of one's psychological and socio-cultural experiences. During life's crisis, this realm may take on an exponential dimension. Its motivating force cannot be underestimated.

WELLNESS In the context of all four dimensions, wellness is the optimal level of an attainable state of functioning. This state is contingent upon the available resources, environmental factors, and the health care recipient's motivation. Due to the dynamic nature of our environment and our diverse physiological-psychological-socio-cultural composition, the definition of wellness is dependent on each health care recipient's personal concept of wellness.

COMPONENTS OF NURSING PRACTICE Professional nursing practice is composed of: (1) dependent, (2) independent, and (3) interdependent modalities. A combination of these components are used in varying degrees in implementing the nursing process.

1. Dependent practice is the implementation of physician orders utilizing problem solving, organizational and technical competency skills in the care of patients. This modality of practice is not limited to solely carrying out physician orders but also requires the nurse to be vigilant for subtle patient responses possibly requiring either medical intervention or independent nursing action.
2. Independent nursing practice employs the same skills (problem solving, organizational and technical competencies) and combines them with advanced physical assessment skills, and the applied psychological and sociological sciences. These skills are utilized within the framework of the four dimensional components of the health care beneficiary. This modality of nursing practice is the identification and treatment of the beneficiary's (physiological, psychological, socio-cultural and spiritual) responses to threats to or loss of wellness.
3. Interdependent practice is an extremely important modality in any health care system. It is accomplished by an organizational team approach, utilizing the skills of all available providers (MD, allied health scientists, etc.) in planning, implementing, and monitoring the process and outcomes of health care delivery.

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